

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

36343

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

4535

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community as above
years, months or days)

3. (a) PRINT
FULL NAMEWilliam Atwell3. (b) If veteran,
name war. no.3. (c) Social Security No.
no.

4. Sex male 5. Color or
race white 6. (a) Single, widowed, married,
divorced married
6. (b) Name of husband or wife Maude 6. (c) Age of husband or wife if
alive 62 years
7. Birth date of deceased November 15, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 20 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation farmer

11. Industry or business

MOTHER FATHER { 12. Name James M. Atwell
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Prima Donna Nicholson
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Maude Atwell
(b) Address Hamilton, Mo.17. (a) removal (b) Date thereof 11-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hamilton, Missouri18. (a) Signature of funeral director Stine & McClure(b) Address 3235 Gillham Plaza, K. C., Mo.19. (a) 11-8-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13
(c) City or town Hamilton
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 1948 1 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from
_____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture DurationDue to Auto TraumaDue to 2 car collisionOther conditions 11-5-48
(Include pregnancy within 6 months of death)Major findings: Deputy Coroner PHYSICIANOf operations See Above
Of autopsy See Above
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence 10-30-48(c) Where did injury occur? Liberty (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? noA. E. Upsher (Specify place of death) Public placeWhile at work (Specify place of death) Liberty23. Signature A. E. Upsher (M. D. or other)Address 2800 Main Date 11/6/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Max C. Meyer

Licensed Embalmer No.

4555

P. O. Address

Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.